

AAND DELIVERED

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED.

2019 JAN 29 AM 9: 48

							nice Use Only	
NAME OF COMMITTEE (in full)		(Check if name is changed)		ole:If typing, type ne lines.	12F	Ë4M5		:
Ballard Spahr LLI	Po	litical Actior	n Com	nmittee				
			 		1.1.1	1 1 1	<u> </u>	
	111		1 1 1 1		ــــــــــــــــــــــــــــــــــــــ	1 1 1 1	111	
ADDRESS (number and street)	1909 H	Street, NW			1 1 1	1 1 1 1	1 1 1	
(Check if address	12th F	loor	· · · · · · · · · · · · · · · · · · ·		<u>'</u>			
is changed)	, Wash	<u> </u>			DC	, ,200	<u> </u>	
						لـا لـ		CODE ▲
		CITY ▲			STATI	= 🔺	217	CODE
COMMITTEE'S E-MAIL ADDRE	ss _.							
(Check if address is changed)	roger	seb@ballardspah	r.com		1 1 1	1 1 1 1	111	
s is changed)	Option	al Second E-Mail Ad	ldress					
		inst@ballardspa						
COMMITTEE'S WEB PAGE AD	DDESS	(LIDL)						
(Check if address	DNEGO	(ORL)			•			1
is changed)			1.1.1	<u> </u>	111			
	L			11111				
2. DATE 01 1		2019						
		المتحددة المتحدد المتحدد المتحدد المتحددة المتحددة المتحدد	نى ى ئەت ىنى«ئىنىن					
3. FEC IDENTIFICATION N	UMBER	► C	Same Dan andi ca					
. \ =-			5 ~ 1					
4. IS THIS STATEMENT	NE.	W (N) OR	١	AMENDED (A)				
I certify that I have examined the	nis State	ment and to the bes	t of mv kn	owledge and belief	it is true.	correct and	d complete	
. comy man mare enamines in	0.0.0			omougo una bono,		00,100, 0,1	a complete.	
Type or Print Name of Treasure	r Jenki	ns, Timothy, , ,						
						₽₩~₽₩~ }	/ [² 6=~65]	/ -
Signature of Treasurer Jenki	ns, Timoth	ıy			Date	01	28	2019
NOTE: Submission of false, erron		incomplete information					penalties o	f 2 U.S.C. §437g.
Office	ANT OF	WINGE IN INCOMMAN		For further information		DAIS.		0011.4
Use Only			1	Federal Election Commis Foll Free 800-424-9530			FEC FO	

Local 202-694-1100

FEC For	m 1 (Revised 02/2009)	Page 2
. TYPE OF CO	DMMITTEE Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	
Name of Candidate		
Candidate Party Affiliatio	Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Ac	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Comr	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.		
3.	FEC ID number	
4.		

Write or Type Committee Name	е
Ballard Spahr L	LP Political Action Committee
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
NONE	
Mailing Address	
	CITY STATE ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optional) and position of the person in possession of committee
Rogers, E	:mory, , ,
Full Name LLLL	1909 K Street, NW
Mailing Address	12th Floor
	Washington , DC , 20006 , ,
	vvasinigion — — — — — — — — — — — — — — — — — — —
Title or Position	CITY STATE ZIP CODE
Custodian of Records	Telephone number 202 661 7639
8. Treasurer : List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
	Timothy, , ,
of Treasurer	j1909 K Street, NW
Mailing Address	
	12th Floor
	Washington DC 20006 - CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 202 661 - 2224

FEC Form 1 (Revis	ed 02/2009)		Page 4
Full Name of Designated			
Agent			
Mailing Address		<u> </u>	<u> </u>
			l 1
	CITY	STATE	ZIP CODE
Title or Position	G.	02	2 3352
	Telepi	hone number	-
	•		
safety deposit boxes or ma Name of Bank, Depository	e Bank		1 1 1 1 1 1 1 1 1
Name of Bank, Depository	e Bank		
Name of Bank, Depository	e Bank		
Name of Bank, Depository	e Bank 1401 New York Ave, NW		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Bank, Depository	e Bank	DC 26	0005
lame of Bank, Depository	e Bank 1401 New York Ave, NW	DC 20	0005 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Bank, Depository Chase Aailing Address	e Bank 1401 New York Ave, NW Washington CITY		<u> </u>
lame of Bank, Depository Chase Aailing Address	e Bank 1401 New York Ave, NW Washington CITY		1 1 1 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
lame of Bank, Depository Chase Aailing Address	e Bank 1401 New York Ave, NW Washington CITY		1 1 1 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Bank, Depository Chase Aailing Address	e Bank 1401 New York Ave, NW Washington CITY Cetc.		<u> </u>
Name of Bank, Depository Chase Aailing Address	e Bank 1401 New York Ave, NW Washington CITY Cetc.		<u> </u>
Name of Bank, Depository	e Bank 1401 New York Ave, NW Washington CITY , etc.	STATE .	<u> </u>

Hand Delivered

Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office

Received from Electronic Filing Office

Date of Receipt

Date of Receipt

Date of Receipt or Postmarked

Date of Receipt or Postmarked